

Best Available Copy

FORM PTO-875 REV. 1-66	U S DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	SERIAL NO <i>533245</i>	FILING DATE <i>6-4-96</i>
PATENT APPLICATION FEE DETERMINATION RECORD		APPLICANT (FIRST NAME) <i>Conich</i>	

CLAIMS AS FILED - PART I

FOR	NO FILED	NO EXTRA
BASIC FEE		
TOTAL CLAIMS	<i>3</i>	<i>-</i>
INDEP CLAIMS	<i>3</i>	<i>-</i>
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
OR
TOTAL

OTHER THAN A SMALL ENTITY
OR
TOTAL

* If the amount in Col. 1 is less than the amount in Col. 2 write "0" in Col. 3

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA
	(2)	(3)		
TOTAL		MINUS	--	-
INDEP		MINUS	--	-
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY
OR
TOTAL ADDIT. FEE

OTHER THAN / SMALL ENTITY
OR
TOTAL

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA
	(2)	(3)		
TOTAL		MINUS	--	-
INDEP		MINUS	--	-
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY
OR
OR
OR
OR
TOTAL ADDIT. FEE

OTHER THAN / SMALL ENTITY
OR
OR
OR
OR
TOTAL

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA
	(2)	(3)		
TOTAL		MINUS	--	-
INDEP		MINUS	--	-
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY
OR
OR
OR
OR
TOTAL ADDIT. FEE

OTHER THAN / SMALL ENTITY
OR
OR
OR
OR
TOTAL

* If the amount in Col. 1 is less than the amount in Col. 2 write "0" in Col. 3

** If the highest no. previously paid for in this space is less than 20 enter 20

*** If the highest no. previously paid for in this space is less than 3 enter 3

**** If the highest number typed in the appropriate box in Col. 1